

Screening the

Results

Surgical patients

were screened

69 %

Before intervention

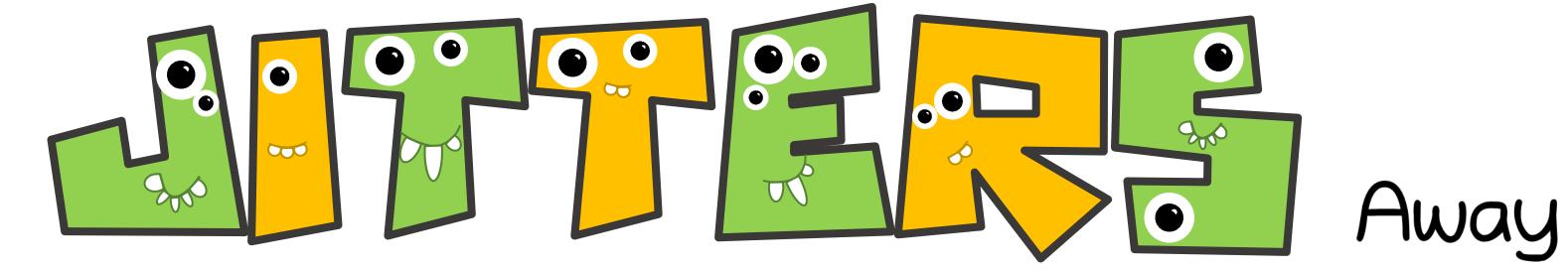
Stress Potential

Rating Scale

Procedural

Readiness Scale

31 %



A Child Life Therapy Screening Initiative for Paediatric Surgical Patients

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A two-month pilot phase was set with the

of them needed active

intervention support

• Not aware of certain medical procedure

71 %

Highly anxious

71% reported at least a

2-point improvement

83% reported at least a

2-point improvement

* Post- intervention scores

who fell under the

were only taken for those

undesirable zone before

intervention (i.e. red zone)

improvemen³

improvement

* Post- intervention scores

who fell under the

were only taken for those

undesirable zone before

intervention (i.e. red zone)

• No prior surgical experience

of procedure

surgical team: Jan - March 2018

SCORE:

of procedure

All 31% of patients

with undesirable

scores crossed

over to the

desirable score

After intervention

Coping fine emotionally

SCORE:

All 8% of patients

with undesirable

scores crossed over to the

desirable score

After intervention

Introduction

A hospital stay can be overwhelming for paediatric patients especially when they have to undergo a procedure/ surgery with limited understanding. If left unaddressed, it can linger well beyond the hospitalised child's childhood and possibly result in serious psychosocial and behavioural challenges. 1

Research illustrates that providing timely and age appropriate information prior to a surgery significantly reduces paediatric anxiety. ² This is what Child Life Therapists (CLTs) do. They support hospitalised children by providing therapeutic medical play to help improve a child's understanding of hospital experiences in a developmentally appropriate manner.



Medical team unable to raise a timely Child Life Therapy referral owing to pressing medical responsibilities

SOLUTION: SCREENING PROTOCOL

Objectives:

- Improve the patient's medical knowledge so that he/she would be effectively prepared to undergo a procedure/ surgery
- Improve the overall paediatric hospital experience by allaying healthcare-induced anxiety

Methodology

SHORT-LISTING

A daily workflow was established with the Pediatric Surgical Team. Patients were shortlisted every morning based on these criteria:

Between 4-18 years old

Same day admission or 1 day before

Plans for or completed procedure or surgery

Yet to have home plans for the day

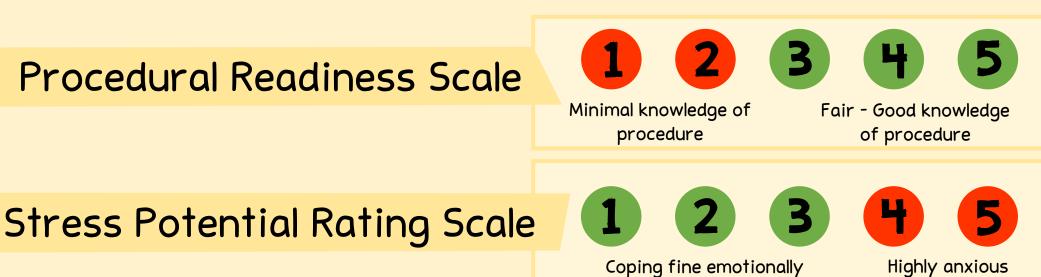




SCREENING

Short-listed patients were screened using two assessment tools to see if they require any intervention. The same tools were used to study the effectiveness of the intervention.

Procedural Readiness Scale



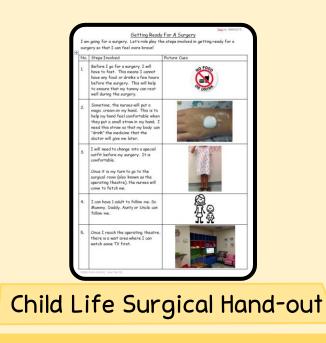


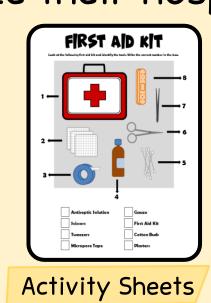
INTERVENTION

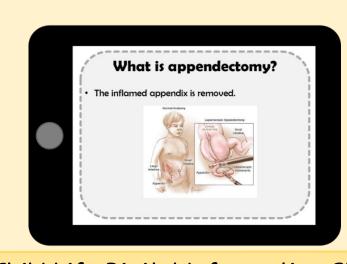
Undergoing Surgery in Selected Hospital Maharashtra. Indian Journal of Research. 5 (8). 221-224.

Patients had a 1-to-1 session with the therapist. Different resources were created to help patients understand certain medical concepts and normalize their hospital experiences.









Child Life Digital Information Slides

¹ Maps, J.K. (2016). Kids Can Be Traumatised By Hospital Stays, Research Shows. Australian Psychological Society. https://psychlopaedia.org/health/kids-can-betraumatised-by-hospital-stays-research-shows/

² Suryawanshi, N., Naregal, P., Monite, V., Karale, R. & Hiremath, P. (2016). *Effectiveness of Play Therapy in Reducing Stress among Hospitalized Children (6-12 years)*

Conclusion

92 %

Before intervention

The CLT-PAS screening protocol was successful based on the positive differences observed in pre-intervention and post-intervention scores accordingly. There was an improvement in:

- The patient's medical knowledge after Child Life Therapy intervention and this translated to patient being more ready to undergo a procedure/ surgery
- The overall paediatric hospital experience owing to procedure/ surgery induced stress being allayed by Child Life Therapy interventions

This protocol is also deemed a success as its results corroborates with research findings that illustrates the importance of timely support. When support is rendered effectively, it reduces the incidences of emotional and psychological distress experienced by the hospitalised paediatric population - which is estimated to stand at 90%! 3



FUTURE WORKS

To continue the screening protocol using additional validated assessment tools such as the Child Surgery Worries Questionnaire and Self-Assessment Manikin Scale



END POINT AIM

To include child life therapy services in the pediatric clinical pathway for newly admitted patients

